PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

		<u></u>									•		
CLAIMS AS FILED - PART I (Column 1) (Colu						nn 2)	SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			22				ſ	RATE	FEE		RATE	FE	E
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	150.00	OR	BASIC FEE	300.0	00
TC	TAL CHARGEA	BLE CLAIMS	22 minus 20=		* 2			X\$ 25=		OR	X\$50=	36	
INC	EPENDENT CL	AIMS	Y mir	nus 3 =	* (X100=		OR	X200=	78	,
ML	ILTIPLE DEPEN	DENT CLAIM PF	PRESENT			I	+180=		OR	+360=			
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	L	TOTAL		OR	TOTAL	869	$\overline{}$
CLAIMS AS AMENDED - PART II						(Column 3)		SMALL E	ENTITY	OR	OTHER SMALL		
AMENDMENT		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADI TION FE	IAL
DME	Total	* 24	Minus	** 2°	1	= /		X\$ 25=		OR	X\$50=		
MEN	Independent	* 5	Minus	*** 5	>	= /		X100=		OR	X200=		
<u> </u>	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			+180=		OR	+360=		
							L	TOTAL ADDIT. FEE					
E		(Column 1)		(Colur	nn 2)	(Column 3)_							
AMENDMENT'R		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADI TION FE	NAL
DME	Total	*	Minus	**		=	X\$ 25	X\$ 25=		OR	X\$50=		
MEN	Independent	*	Minus	***		=		X100=		OR	X200=		
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM			+180=		OR	+360=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
7	_	(Column 1)		(Colu	mn 2)	(Column 3)							
AMENDMENTS		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AD TIOI FE	NAL
	Total	*	Minus	**		=		X\$ 25=		OR	X\$50=		
ME	Independent	*	Minus	***	T CL AIM	=		X100=		OR	X200=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENUEN	CLAIM			+180=		OR +360=			
						·				4			

PATENT APPLICATION FEE DETERMINATION RECORD 09/6							9/63	3/	PSS	er	
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMA		ENTITY	OR	OTHER SMALL	
FO	R .	I	NUMBER FILED NUMBER EXTRA			RA	TE	FEE	1	RATE	FEE
BA:	SIC FEE	200			345		345.00	OR	**************************************	690.00	
ťO	TAL CLAIMS	3	minus 20:		2	X\$ 9=		OR	X\$18=	36	
	EPENDENT CL			minus 3 = .* /			9=		OR	X78=	78
MULTIPLE DEPENDENT CLAIM PRESENT					+13	 10= _.	•	OR	+260=		
. # (* If the difference in column 1 is less than zero, enter "0" in column 2				olumn 2	TO	AL		OR	TOTAL	804
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SM	ALL I	ENTITY	OR	OTHER SMALL		
AMENDMENT A	१८/१८/-	CLAIMS REMAINING AFTER AMENDMENT	-	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total		Minus	ne		XS	9=		OR	X\$18=	
AME	Independent	NTATION OF MI	Minus		=	Х3	9=		OR	X78=	
۲	HHSI PHESE	NTATION OF MI	JUNPLE DEPE	NOENT CLAIM		+13	10=		OR	+260=	
						ADDIT	OTAL		OR	TOTAL ADDIT, FEE	
L	· · · · · · · · · · · · · · · · · · ·	(Column 1)		(Column 2)	(Column 3)			•			
MENDMENT B	7/7/04	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	me	-	X\$	9=		OR	X\$18=	
AME	independent	NTATION OF M	Miles ILTIPLE DEPE	NOENT CLAIM	=	ХЗ	9-		OR	X78=	
M					<u></u>	+13	30=		OR	+260=	
ļ	•					ADDIT	OTAL FEE		OR	TOTAL ADDIT. FEE	
L		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO	Total	.24	Minus	 22	· 2	X\$	9= ·		OR	X\$18=	700
A	Independent	NTATION OF M	Minus	U	= /	. Х3	9=		OR	200 X78=	700
						+13	0=		OR	+260=	
	' If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Fighest Number Previously Peid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Peid For" IN THIS SPACE is less than 20, enter "2"."						OTAL FEE		OR	TOTAL ADDIT, FEE	
""If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

FORM PTO-675 (Rev. 12/99)

This Page is Inserted by IFW Indexing and Scanning Operations and is not part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

☐ BLACK BORDERS
☐ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES
☐ FADED TEXT OR DRAWING
☐ BLURRED OR ILLEGIBLE TEXT OR DRAWING
☐ SKEWED/SLANTED IMAGES
COLOR OR BLACK AND WHITE PHOTOGRAPHS
GRAY SCALE DOCUMENTS
☐ LINES OR MARKS ON ORIGINAL DOCUMENT
☐ REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY
OTHER:

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.